

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

486

0889764

Reg. Dist. No.

1. PLACE OF DEATH:

County..... CarolineCity or town..... Federalsburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 24 yrs.

Hospital, institution, or street address where death occurred:

Chambers StreetHow long in hospital or institution?..... none

3. (a) FULL NAME

Sametha Ellen Andrews4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Carl Andrews7. Birth date of deceased (mo., day, yr.) June 6, 1901 8.(c) If alive, give age 45 years8. AGE: Years 46 Months 4 Days 2 If less than one day hrs. min.9. Birthplace Quantico, Md. (Town, county, and state)10. Usual occupation housewife11. Industry or business button factory12. Name H. M. Phippin13. Birthplace Md.14. Maiden name Rachel Phippin15. Birthplace Md.16. Informant Carl AndrewsAddress Federalsburg, Md.17. burial Date thereof Oct. 11, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hillcrest Cem.Location Federalsburg, Md.18. Funeral director Harold WilliamsonAddress Federalsburg, Md.19. Oct 10th 1947 Harold Williamson
(Date rec'd by registrar) Genevieve Nuttle
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Federalsburg (If outside city or town limits, write RURAL and give nearest town)Street No. Chambers St. (If rural, give LOCATION)2.(a) If veteran, name war no

3. (b) Social Security Number

217-05-7569

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1947 at 4:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1947, to October 8, 1947, and that I last saw her alive on October 8, 1947.Immediate cause of death Carcinoma of the uterus DURATION Unknown

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

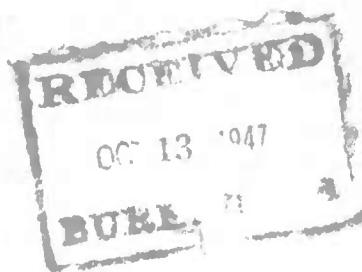
Means of injury..... Injured at work?

23. SIGNATURE Frederick H. D. M. D. or other noAddress Br. Hospital, Federalsburg, Md. Date signed 10/18/47

RECEIVED

OCT 20 1947

BUREAU



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

0889
60

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: **Caroline**
 County.....
 City or town..... **Goldsboro Rural**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **5 years**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... **Md.** County..... **Caroline**
 City or town..... **Goldsboro, Rural**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

3. (a) FULL NAME **Benjamin C. Draper**

3. (b) Social Security Number

4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced Widowed
-----------------	---------------------------	--

6. (b) Name of husband or wife **Elizebeth**

7. Birth date of deceased (mo., day, yr.) **August 6th, 1863**

8. AGE: Years **84** Months **1** Days **24** It less than one day
..... hrs. min.

9. Birthplace **Harrington, Del.**
(Town, county, and state)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Benjiman C. Draper, Sr.**

13. Birthplace **Del.**

14. Maiden name **Ellen Hurd**

15. Birthplace **Del.**

16. Informant **Mrs. Herman Kemp**

Address **Goldsboro, Md.**

17. Burial **Hollywood**
(Burial, cremation, or removal. Which?)

Date thereof **Oct. 5. 1947**
(month) (day) (year)

Cemetery or crematory **Harrington, Del.**
Location **Raymond B. Rawlings**

18. Funeral director **Greensboro, Md.**

Address **Greensboro, Md.**
Oct 4. 47 ac. Smith
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 1, 1947** at **50** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **August 1, 1947** to **Sept. 30, 1947**
and that I last saw him/her alive on **Sept. 30, 1947**

Immediate cause of death **General Circulatory Deterioration**

DURATION

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury **Injured at work?**

23. SIGNATURE **Frank K. Haefner, M.D.** M. D. or other

Date signed **Oct 13, 1947**

Address **Greensboro, Md.**

RECEIVED

NOV 4 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

08900

61

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Caroline
 County Greensboro
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 29 yrs.
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

3. (a) FULL NAME

Bessie Elizabeth Evans

3. (b) Social Security Number

4. Sex f. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Milo Evans 6. (c) If alive, give age 55 years

7. Birth date of deceased (mo. day. yr.) Dec. 6, 1891 8. AGE: Years 55 Months 10 Days 11 If less than one day hrs. min.

9. Birthplace Hayden, Queen Anne's, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name George Price 13. Birthplace No Record

14. Maiden name Mary Seney 15. Birthplace Roersville, Md.

16. Informant Milo Evans Address Greensboro, Md.

17. Burial Greensboro Date thereof 10/31/47 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greensboro Location Greensboro, Md.

18. Funeral director P. B. Rawlings Address Greensboro, Md.

19. Date rec'd by registrar Oct. 18, 1947 Registrar George J. White

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1-47 1947, to 10-17-47 1947, and that I last saw her alive on 10-17-47 1947.

Immediate cause of death

Cardiac Insufficiency DURATION Sudden

Due to

Coronary Occlusion Coronary Thrombosis

Due to Advanced Arteriosclerosis

Other conditions Diabetic Melathia

(Include pregnancy within 3 months of death) DURATION Years

Major findings of operations

None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

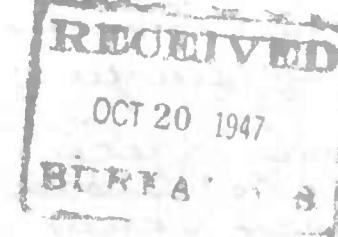
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work? None M. D. or other George J. White

23. SIGNATURE

Date signed Oct. 18, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08901

97

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

15 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

april 9th 1857

6. (c) If alive, give age..... years

8. AGE: Years

90

6

Months

Days

10

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state) Bedford County, Pa.

10. Usual occupation.....

retired Farmer

11. Industry or business

MOTHER FATHER

12. Name.....

Elisabeth Paul

Christian L. Halsinger

13. Birthplace.....

Penn.

Penn.

14. Maiden name.....

Ruth

Ruth Halsinger

15. Birthplace.....

Penn.

Penn.

16. Informant.....

Miss Ruth Halsinger

Penn.

Address.....

Benton Cemetery

Benton Cemetery

17. Buried (Burial, cremation, or removal. Which?)

Buried

Date thereof 10-22-47

(month) (day) (year)

Cemetery or crematory.....

Benton Cemetery

Location.....

Dr. Siegel Mortuary

Benton Cemetery

18. Funeral director.....

Address.....

19. (Date rec'd by registrar) 10-22-47

M. D. or other

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Caroline

City or town.....

in Benton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1947 at 12:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7th 15 1947 to 10th 19 1947

and that I last saw him alive on October 18 1947

Immediate cause of death.....

artery occlusion

DURATION

10 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

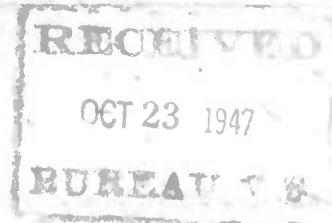
23. SIGNATURE.....

Paul Halsinger

M. D. or other

Address.....

Benton Md. Date signed 10/20/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

08902

Reg. Dist. No. 62

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County CarolineCity or town Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Stewart Bell Kitchen

4. Sex

Male

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Jane R. Kitchen

7. Birth date of deceased (mo., day, yr.)

Mar. 24 18626.(c) If alive, give age 75 years

8. AGE:

Years 85Months 6Days 11

If less than one day

hrs.

min.

9. Birthplace

Penna. (Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

David Kitchen

MOTHER FATHER

David Kitchen

13. Birthplace

Penna.

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Stewart B. Kitchen

Address

Denton

17. Burial

Burial (Burial, cremation, or removal. Which?) Date thereof Oct 8, 1947 (month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton

18. Funeral director

Virgil Moore & Son

Address

Denton, Md.

19.

10-6

1947

Mod George

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

CarolineCity or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 8, 1947

19

al 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 28 1947 to Oct 8, 1947and that I last saw him alive on Oct 8, 1947

1947

Immediate cause of death

artery sclerosis

DURATION

10 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David Throth

M. D. or other

Address

Denton, Md.Date signed 10/8/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55 e
08903

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 1/2 months

Hospital, institution, or street address where death occurred:

Mrs. Stewart's Nursing Home

How long in hospital or institution?

3. (a) FULL NAME

Lacy W. Nichols

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteMarried

6. (b) Name of husband or wife

Laura E. Nichols6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.)

September 3, 1879

8. AGE:

Years 68Months 1Days 8

If less than one day

hrs.

min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Daniel A. Nichols

MOTHER

FATHER

13. Name

Caroline County, Maryland

14. Maiden name

Mary Catherine Fraumpton

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Clarence Taylor

Address

Federalsburg, Maryland, P.T.O.

17. Burial

Date thereof October 14, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Fraumpton and Son

Address

Federalsburg, Maryland

Oct. 14 47

19. (Date rec'd by registrar)

J. J. Fraumpton and Son

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Nichols Road

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 11 1947 at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 30 1947 to October 11 1947and that I last saw him alive on October 10 1947

Immediate cause of death

Exertion 1 feet
8 Metres 80 seconds

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or

Address Date signed

RECEIVED

OCT 17 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

116

08904

66

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Caroline

City or town..... Ridgely, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 57 years

Hospital, institution, or street address where death occurred:

St. Gertrudes Convent

How long in hospital or institution?.....

3. (a) FULL NAME

Sister. M. Meinrada Niederwald O.S.B

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Nov., 4, 1860

8. AGE:

Years
86Months
11Days
6It less than one day
hrs. min.

9. Birthplace

(Town, county, and state)

Teacher

10. Usual occupation

11. Industry or business

John Niederwald

Bavaria, Germany

Theresa Amler

Bavaria, Germany

Mother, M. Hildegard O.S.B

The Plains, Ridgely, Md.

17. Burial

Date thereof Oct. 13, 1947
(Burial, cremation, or removal. Which?)
The Plains

Cemetery or crematory

Ridgely, Md.

Raymond B. Rawlings

Greensboro, Md.

18. Funeral director

Address

Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Ridgely, Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 10

1947 at 4:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 22 1940 to Oct. 10 1947
and that I last saw her alive on Oct. 7 1947

Immediate cause of death

stricture of oesophagus

DURATION

7 years

Due to unknown cause

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Throth 210
Benton Md. Date signed 10/10/47
M. D. or other

1947

Date rec'd by registrar

Registrar

Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08905

131a

62

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

Caroline

City or town.....

Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

50 yrs

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Frederick Ralston

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M W married

6.(b) Name of husband or wife

Mary Owens Owens

7. Birth date of deceased (mo., day, yr.)

Oct. 28, 1861

6.(c) If alive, give age..... years

90

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

/Harrington/ Del.

(Town, county, and state)

10. Usual occupation.....

Dentist

11. Industry or business

12. Name.....

Dr. James Owens

13. Birthplace.....

Del.

14. Maiden name.....

Margaret Powell

15. Birthplace.....

Del.

16. Informant.....

Mrs. Mary Owens

Address

Denton, Md.

17. Burial.....

Buried

(Burial, cremation, or removal. Which?)

Date thereof Oct. 4, 1947

(month) (day) (year)

Cemetery or crematory.....

Denton

Location.....

Denton, Md.

18. Funeral director.....

A. N. V. R. Moore Son

Address

Denton, Md.

19. (Date rec'd by registrar)

Oct. 3, 1947

Mrs. E. George

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

Denton (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

Owens

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

Oct. 1

47

1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dre.

1947

Oct. 1

1947

and that I last saw her alive on

Oct. 1

1947

1947

Immediate cause of death.....

Cardiac Vasculas. Renal disease

DURATION

54m

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

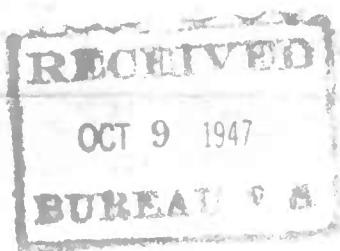
23. SIGNATURE.....

Alanson George

M. D. or other

Address.....

Denton Date signed 10/3/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and definitely.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

08906

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, Institution, or street address where death occurred:

Greenridge RoadHow long in hospital or Institution? no

3. (a) FULL NAME

J. Hall Poyner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Married

8. (b) Name of husband or wife Mary E. Poyner7. Birth date of deceased (mo., day, yr.) May 7, 18866. (c) If alive, give age 55 years8. AGE: Years 61 Months 5 Days 12 If less than one day

hrs. min.

9. Birthplace Roper, N. C.

(Town, county, and state)

10. Usual occupation Stone mason

11. Industry or business

12. Name Thomas K. Poyner

N. C.

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Mrs. Mary PoynerAddress Federalsburg, Md.

17. burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 22, 1947

(month) (day) (year)

Cemetery or crematory Hillcrest Cem.Location Federalsburg, Md.18. Funeral director J. Harvey WilliamsonAddress Federalsburg, Md.19. October 20, 1947
(Date rec'd by registrar)Everett Nuttle
Deputy Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Oct 19 1947 at 40 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 15 1947 to Oct 19 1947 at 40 Mand that I last saw h. I. A. alive on Oct 19 1947 at 40 M

Immediate cause of death

Coronary thrombosis DURATION 1 hrChronic degenerative DURATION 5 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

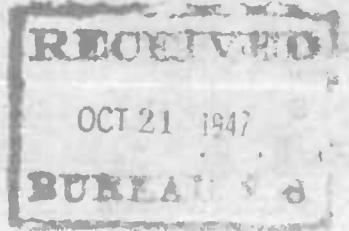
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.
A. D. or other
Address Federalsburg, Md. Date signed Oct 20 1947



I

9-45-152

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

08967

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: Carolina

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

10 yrs

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella Lome Wright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7

W

married

6. (b) Name of husband or wife

Edward Wright

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.)

April 19, 1880

8. AGE:

Years

Months

Days

If less than one day

67

4

18

hrs.

min.

9. Birthplace

Dear Denton, Carolina, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Housewife

MOTHER FATHER

12. Name

Joshua Anthony

13. Birthplace

Maryland

14. Maiden name

Ella Lome

15. Birthplace

Maryland

16. Informant

Mr. Frederick Wright

Address

Denton, Md. (PFD)

17. Burial

DentonDate thereof Oct. 5, 1947

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Denton

Location

Denton, Md.

18. Funeral director

Virgil Moore Jr.

Address

Denton, Md.

19. (Date rec'd by registrar)

10/4/47

My A. R. George

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County

Caroline

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 2, 194721. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 4, 1947 to October 2, 1947and that I last saw her alive on Oct 2, 1947

Immediate cause of death

cerebral hemorrhage

DURATION

5 days

Due to

Due to

Other conditions

Hypertension
arteriosclerosis10 years
10 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank J. Morris

M. D. or other

Address

Denton, Md.Date signed 10/4/47

RECEIVED

OCT 9 1947

BUREAU F B I